STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) MaHheiu	S. Houde
II. Name of lobbyist's partnership, firm or co	orporation, if any:
Dartmorh-Hitchco	ock.
(Name of partnership, firm or cor ON NEGLEA CONTY Business Address: (Street)	Toration) Dr. Ve. Le broon, NH 03756 (Town/City) (State) (Zip Code)
(403 (C53-1974) (403)	653-1906 e-mail Methews hould hit kickic
III. This statement covers: (Choose one – file reportable expense transactions which are no	separate reports for each client, OR you may file a separate report for ot attributable to any one client).
Dartmath-Hitched (Full Name of Client as it:	months prior to the reporting date relative to the following client: Whyley appears on the Lobbyist Registration Form) neluding the lobbyist's family), or the lobbying firm listed below which are
IV. Date of Report April 26, 2017 Reports cover: activity from date of registration October 25, 2017 activity from 7/1/17 to 9/30/	January 31, 2018 1
V. There have been no fees received and	no reportable transactions made since the last report. ————————————————————————————————————
VI. Check if additional reports are attached:	
If you have received fees or made expenditu	ures, you must file Addendum A-Fees and Expenses
☐ If you have paid an honorarium or reimburs Expense Reimbursement	sed expenses, you must file Addendum B Report of Honorariums or
	political contributions, you must file Addendum C - Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and and complete to the best of my knowledge and (Signature of lobbyist)	RSA 664 and hereby swear or affirm that the foregoing information is true belief. LIZ LIZ (Date)
Matthew S. Houde (Print Name of lobbyist)	RECEIVED
	JAN 2 6 2018

NEW HAMPSHIRE DEPARTMENT OF SHIEF

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Mathew 5, Houde	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Mrtmuth-Hitchcak (Name of partnership, firm or corporation)	
III. Name of Client Daytmouth - Hitchcak	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a)\$ 7,500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>19,500.00</u>
c) Total of all fees received to date (Add lines a and b)	c)\$_27,000,00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ D
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid aggregate total of all expenses; (b) the aggregate total of all e: meals purchased during a business as than \$10 that is given to the person ad with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of a cert than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$O
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$	
f) Total of all expenses year to date	f) \$ <i>O</i>	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from be period, including by whom paid or to whom charged.	obbying fees during this reporting	
Paid to:	Amount:	
	s Ma	
	\$	
	\$	
<u></u>	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information	
257	1/18/18	
(Signature of lobbyist)	(Date)	
Mathews, Hoyle (Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

table pursuant to RSA Chapter 664 paid on behalf of the the following: Committee Chapter Committee
table pursuant to RSA Chapter 664 paid on behalf of the the following: Democratic City Committee (First Name) (Middle Name/Initial)
table pursuant to RSA Chapter 664 paid on behalf of the the following: Democratic City Committee (First Name) (Middle Name/Initial)
table pursuant to RSA Chapter 664 paid on behalf of the the following: Democratic City Committee (First Name) (Middle Name/Initial)
rovide a description of the goods or services provided, and enter the ne above for amount of contribution. If the actual cost is not known e."
) (First Name) (Middle Name/Initial)
Office Candidate is Seeking
rovide a description of the goods or services provided, and enter the ne above for amount of contribution. If the actual cost is not known it."
(First Name) (Middle Name/Initial)
(1 ns. (anic) (initial)
ron

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Signature of lobbyist) (Date) (Print Name of lobbyist)